



Landmark

Ventilator Fact Sheet

What is a ventilator?

A ventilator is a machine that helps people breathe when they can't breathe on their own. It is a type of life support.

How does it work?

A tube from the ventilator is inserted through your mouth down into your windpipe. The end of the tube blows oxygen into your lungs, and it allows you to exhale carbon dioxide and other waste. The ventilator provides air pressure to keep your lungs open, and the tube makes it easier to remove mucus that builds up in the lungs.

What does it feel like to be on a ventilator?

The tube can be uncomfortable, but it is not usually painful. Most people need sedating medications to tolerate the discomfort. Some require wrist restraints to prevent them from dislodging the tube. For critically ill people, medications might be given to prevent movement – this makes it easier for the ventilator to provide enough oxygen. Being on a ventilator usually means being in an Intensive Care Unit. **While on a ventilator, you cannot eat or drink.** Artificial nutrition can be given through a small tube in your nose (tube-feeding). **While on a ventilator, you cannot talk.** If you are not sedated, you can write notes to communicate.

How long do people stay on a ventilator?

Four things determine how long you might be on a ventilator:

1. Your health and age before getting sick. For people over 65 who require emergency ventilator use, about 2 out of 3 survive to leave the hospital. Of those who survive an illness requiring a ventilator, about 3 in 10 survive a full year. If you survive an illness that requires a ventilator, the chance that you will recover to your current quality of life is low. **People who are older and have chronic conditions tend to have more disability and lower survival.**
2. The reason for needing the ventilator. In some cases, ventilators are used for a few hours to a few days, like for surgery. Sometimes it is days to weeks, like for serious pneumonia or lung injury. Some people never regain the ability to breathe on their own, and they become permanently dependent on a ventilator.
3. How long the ventilator is needed. The longer a ventilator is needed, the higher the chance of long-term complications like weakness, loss of independence, depression/anxiety, and long-term dependence on the ventilator. After about seven days on a ventilator, the chance of long-term complications increases,



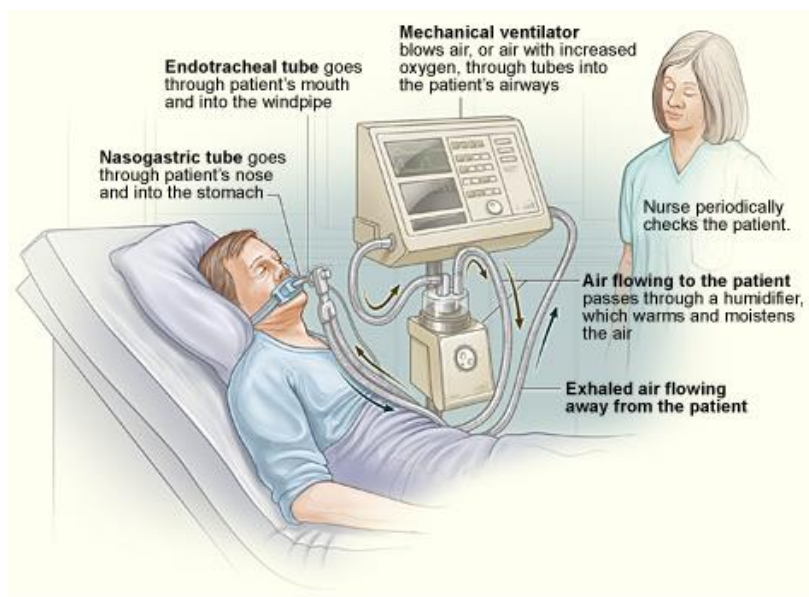
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regardless of age or overall health. For people over the age of 70 or those with health problems, the chance of long-term complications is higher.

4. Your personal values and beliefs. It is important to think about what matters most to you. What gives meaning to your life? Is there any condition that would be unacceptable to you? What treatments would you be willing to try? Talk to your Landmark team about your priorities and medical wishes.

What happens if I decide that I would not want to be on a ventilator?

If you choose not to have a ventilator, your healthcare team would continue to care for you with noninvasive methods of oxygen delivery, aggressive treatment of distressing symptoms, support to your loved ones, and ensuring that you are as comfortable as possible, no matter what happens.



Some people decide to discontinue a ventilator after trying it for a time. When that happens, the ICU team gives medications so that the ventilator removal is not distressing, ensuring comfort until the end of life. Deciding to discontinue a ventilator can be painful for patients and families, and it is helpful for loved ones to know in advance your wishes about long-term ventilator use. **No matter what you decide about your care, Landmark will respect your decisions and support you and your loved ones.**

Source: National Heart, Lung, and Blood Institute; National Institutes of Health; U.S. Department of Health and Human Services.

References: Barnato AE et al. Disability among Elderly Survivors of Mechanical Ventilation. *Am J Respir Crit Care Med*. 2011 Apr 15; 183(8): 1037–1042. Parotto & Herridge. (2017) Outcomes after 1 week of mechanical ventilation for patients and families. *ICU Mgmt & Practice*, 17, 174-176. "Mechanical Ventilation". American Thoracic Society. <https://www.thoracic.org/patients/patient-resources/resources/mechanical-ventilation.pdf> Ouchi K et al. Prognosis After Emergency Department Intubation to Inform Shared Decision-Making. *J Am Geriatr Soc*. 2018 Jul;66(7):1377-1381. Diagram source: National Heart, Lung, and Blood Institute

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